

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of California

Case number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name ITB Enterprises Inc

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as names*

3. Debtor's federal Employer Identification Number (EIN) 9 2 - 0 5 2 7 7 6 8

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

1919 Grand Canal Blvd

Number Street

Stockton, CA 95207

City State ZIP Code

San Joaquin

County

Number Street

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) www.ITBEnterprisesinc.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor ITB Enterprises Inc

Name

Case number (if known) _____

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5 3 1 3**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

- ☒ No
- ☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

List all cases. If more than 1, attach a separate list.

- ☒ No
- ☐ Yes. Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____
MM / DD / YYYY

Debtor ITB Enterprises Inc
Name

Case number (if known) _____

11. Why is the case filed in *this* district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number Street

City

State

ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds?

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☒ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor

ITB Enterprises Inc

Case number (if known)

Name

16. Estimated liabilities

☐ \$0-\$50,000

☒ \$1,000,001-\$10 million

☐ \$500,000,001-\$1 billion

☐ \$50,001-\$100,000

☐ \$10,000,001-\$50 million

☐ \$1,000,000,001-\$10 billion

☐ \$100,001-\$500,000

☐ \$50,000,001-\$100 million

☐ \$10,000,000,001-\$50 billion

☐ \$500,001-\$1 million

☐ \$100,000,001-\$500 million

☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

☐ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

☐ I have been authorized to file this petition on behalf of the debtor.

☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.


I declare under penalty of perjury that the foregoing is true and correct.

Executed on

06/04/2024

MM/ DD/ YYYY

X



Signature of authorized representative of debtor

Tammy L De Long

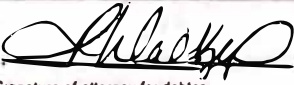
Printed name

Title

CEO

18. Signature of attorney

X



Signature of attorney for debtor

Date

06/04/2024

MM/ DD/ YYYY

Rhonda Walker

Printed name

Rhonda Walker, Attorney at Law

Firm name

440 E Huntington Drive 300

Number Street

Arcadia

City

CA

State

91006

ZIP Code

Contact phone

rwalker_law@yahoo.com

Email address

175108

Bar number

CA

State

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

page 4

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Fill in this information to identify the case:

Debtor name

ITB Enterprises Inc

United States Bankruptcy Court for the:

Eastern

District of

California

(State)

Case number (if known):

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?
- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1:

List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<div><div>2.1</div><div>Creditor's name</div><div>Nexus</div><div>Creditor's mailing address</div><div>815 Brazos Street 500</div><div>Austin, TX 78701</div><div>Creditor's email address, if known</div><div></div><div>Date debt was incurred</div><div></div><div>Last 4 digits of account number</div><div></div><div>Do multiple creditors have an interest in the same property?</div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</div><div></div><div></div></div> <div><div>Describe debtor's property that is subject to a lien</div><div>Single Family Residence</div><div>Describe the lien</div><div></div><div>Is the creditor an insider or related party?</div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim?</div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div><div>\$177,016.42</div><div>\$260,000.00</div></div>		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,782,621.33

Debtor
Name

ITB Enterprises Inc

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.2 Creditor's name Nexus	Describe debtor's property that is subject to a lien Single Family Residence	\$225,858.96
Creditor's mailing address 815 Brazos Street 500 Austin, TX 78701	Describe the lien	
Creditor's email address, if known	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
Last 4 digits of account number 1 8 5 1	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines		

Debtor
Name

ITB Enterprises Inc

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<div>2.3 Creditor's name</div> <div>Nexus</div> <div>Creditor's mailing address</div> <div>815 Brazos Street 500</div> <div>Austin, TX 78701</div> <div>Creditor's email address, if known</div> <div>Date debt was incurred</div> <div>Last 4 digits of account number 1 9 0 3</div> <div>Do multiple creditors have an interest in the same property?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Have you already specified the relative priority?</div> <div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div>	<div>Describe debtor's property that is subject to a lien</div> <div>Single Family Residence</div> <div>Describe the lien</div> <div>Is the creditor an insider or related party?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</div> <div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<div>\$474,732.51</div> <div>\$620,000.00</div>

Debtor
Name

ITB Enterprises Inc

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<div>2.4</div> <div>Creditor's name</div> <div>Nexus</div> <div>Creditor's mailing address</div> <div>815 Brazos Street 500</div> <div>Austin, TX 78701</div> <div>Creditor's email address, if known</div> <div>Date debt was incurred</div> <div>Last 4 digits of account number 8 2 0 2</div> <div>Do multiple creditors have an interest in the same property?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Have you already specified the relative priority?</div> <div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div>	<div>Describe debtor's property that is subject to a lien</div> <div>Describe the lien</div> <div>Is the creditor an insider or related party?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</div> <div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<div>\$224,563.41</div> <div>unknown</div>

Debtor
Name

ITB Enterprises Inc

Case number (if known)

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<div>2.6</div> <div>Creditor's name</div> <div>Nexus</div> <div>Creditor's mailing address</div> <div>815 Brazos Street 500</div> <div>Austin, TX 78701</div> <div>Creditor's email address, if known</div> <div>Date debt was incurred</div> <div>Last 4 digits of account number</div> <div>1918</div> <div>Do multiple creditors have an interest in the same property?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Have you already specified the relative priority?</div> <div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div> <div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div>	<div>Describe debtor's property that is subject to a lien</div> <div>Single Family Residence</div> <div>Describe the lien</div> <div>Is the creditor an insider or related party?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> <div>Is anyone else liable on this claim?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</div> <div>As of the petition filing date, the claim is:</div> <div>Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div>	<div>\$245,356.91</div> <div>\$308,500.00</div>

Debtor **ITB Enterprises Inc**

Case number (if known) _____

Name

Part 1:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<div><div>2.7</div><div>Creditor's name</div><div>Wildcat Lending Fund One LP</div><div>Creditor's mailing address</div><div>4800 Dexter Dr</div><div>Plano, TX 75093</div><div>Creditor's email address, if known</div><div></div><div>Date debt was incurred</div><div></div><div>Last 4 digits of account number 2 9 0 0</div><div>Do multiple creditors have an interest in the same property?</div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes. Have you already specified the relative priority?</div><div><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</div><div></div><div><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</div><div></div></div> <div><div>Describe debtor's property that is subject to a lien</div><div><u>Single Family Residence</u></div><div>Describe the lien</div><div></div><div>Is the creditor an insider or related party?</div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div><div>Is anyone else liable on this claim?</div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</div><div>As of the petition filing date, the claim is:</div><div>Check all that apply.</div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div><div>\$184,900.00</div><div>\$184,500.00</div></div>		

Case number (if known) _____

Fill in this information to identify the case:

Debtor name ITB Enterprises Inc

United States Bankruptcy Court for the:
Eastern District of California

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Bexar County Tax Assessor-
Collector

PO Box 839950

San Antonio, TX 78283

Date or dates debt was incurred

Last 4 digits of account
number 0 1 1 0

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the Claim:

property taxes

Is the claim subject to offset?

☒ No

☐ Yes

Total claim

\$5,837.17

Priority amount

\$5,837.17

2.2 Priority creditor's name and mailing address

Bexar County Tax Assessor-
Collector

PO Box 839950

San Antonio, TX 78283

Date or dates debt was incurred

Last 4 digits of account
number 0 1 1 0

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the Claim:

Is the claim subject to offset?

☒ No

☐ Yes

\$5,481.12

\$5,481.12

Debtor ITB Enterprises Inc
Name

Case number (if known) _____

Part 1: Additional Page

<p>2.3 Priority creditor's name and mailing address <u>Bexar County Tax Assessor-Collector</u> <u>PO Box 839950</u> <u>San Antonio, TX 78283</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u></p>	<p>As of the petition filing date, the claim is: <u>unknown</u> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>2.4 Priority creditor's name and mailing address <u>Bexar County Tax Assessor-Collector</u> <u>PO Box 839950</u> <u>San Antonio, TX 78283</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u></p>	<p>As of the petition filing date, the claim is: <u>\$5,788.53</u> <u>\$5,788.53</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>2.5 Priority creditor's name and mailing address <u>Bexar County Tax Assessor-Collector</u> <u>PO Box 839950</u> <u>San Antonio, TX 78283</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u></p>	<p>As of the petition filing date, the claim is: <u>\$5,863.40</u> <u>\$5,863.40</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor ITB Enterprises Inc
Name _____

Case number (if known) _____

Part 1: Additional Page

2.6	Priority creditor's name and mailing address <u>Paez Leal Construction, LLC</u> <u>10502 Gazelle Cliff</u> <u>San Antonio, TX 78245</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____	As of the petition filing date, the claim is: <u>\$10,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the Claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,000.00</u>
2.7	Priority creditor's name and mailing address <u>Wilton Salazar</u> <u>4203 Parkway Drive</u> <u>San Antonio, TX 78285</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____ Remarks: Did not complete the work for the HVAC	As of the petition filing date, the claim is: <u>\$7,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the Claim: <u>Mechanics Lien</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,000.00</u>
2.8	Priority creditor's name and mailing address <u>Wilton Salazar</u> <u>4203 Parkway Drive</u> <u>San Antonio, TX 78285</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____	As of the petition filing date, the claim is: <u>\$17,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the Claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,000.00</u>

Debtor **ITB Enterprises Inc**
Name _____

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Express Capital Funding, Inc. 160 North Riverview Drive 255 Anaheim, CA 92808 Date or dates debt was incurred _____ Last 4 digits of account number <u>3 0 2 4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$70,000.00
3.2	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **ITB Enterprises Inc**
Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$80,920.22

5b. Total claims from Part 2

5b. + \$70,000.00

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$150,920.22

Debtor

ITB Enterprises Inc

Name

Case number (if known)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.5	<div>Street</div> <div></div> <div>CityStateZIP Code</div>	<div></div> <div><input type="checkbox"/> D<input type="checkbox"/> E/F<input type="checkbox"/> G</div>	
2.6	<div>Street</div> <div></div> <div>CityStateZIP Code</div>	<div></div> <div><input type="checkbox"/> D<input type="checkbox"/> E/F<input type="checkbox"/> G</div>	

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Eastern District of California

In re ITB Enterprises Inc

Case No. _____

DebtorChapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ **FLAT FEE**

For legal services, I have agreed to accept **\$5,000.00**

Prior to the filing of this statement I have received **\$1,500.00**

Balance Due **\$3,500.00**

☐ **RETAINER**

For legal services, I have agreed to accept and received a retainer of

The undersigned shall bill against the retainer at an hourly rate of

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.


☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

B2030 (Form 2030) (12/15)

- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
- Third party fees or any contested or adversary related matters.

CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.	
<u>06/04/2024</u>	
<i>Date</i>	Rhonda Walker <i>Signature of Attorney</i>
	Bar Number: 175108 Rhonda Walker, Attorney at Law 440 E Huntington Drive 300 Arcadia, CA 91006 Phone: (626) 577-7322
	<u>Rhonda Walker, Attorney at Law</u> <i>Name of law firm</i>

Bexar County Tax Assessor-
Collector
PO Box 839950
San Antonio, TX 78283

Express Capital Funding, Inc.
160 North Riverview Drive 255
Anaheim, CA 92808

Nexus
815 Brazos Street 500
Austin, TX 78701

Paez Leal Construction, LLC
10502 Gazelle Cliff
San Antonio, TX 78245

Rhonda Walker, Attorney at
Law
440 E Huntington Drive 300
Arcadia, CA 91006

Superior Loan Servicing
7525 Topanga Canyon Blvd
Canoga Park, CA 91303

Wildcat Lending Fund One LP
4800 Dexter Dr
Plano, TX 75093

Wilton Salazar
4203 Parkway Drive
San Antonio, TX 78285

IN THE UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
MODESTO DIVISION

IN RE: ITB Enterprises Inc

CASE NO

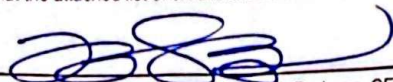
CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 06/04/2024

Signature



Tammy L. De Long, CEO

United States Bankruptcy Court
Eastern District of California
Modesto Division

In re

)
)
)
)
)
)

Case No. _____

ITB Enterprises Inc

Debtor(s)

VERIFICATION OF MASTER ADDRESS LIST

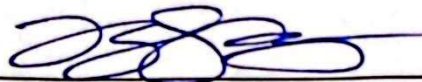
I (we) declare under penalty of perjury that the Master Address List submitted for filing in this case is a true, correct, and complete listing.

I (we) acknowledge that the accuracy and completeness of the Master Address List is the shared responsibility of the debtor(s) and the debtor's(s') attorney or bankruptcy petition preparer, if any

I (we) further acknowledge that the Court will rely on the Master Address List for all mailings, and that the various schedules and statements required by the Bankruptcy Code and the Federal Rules of Bankruptcy Procedure will not be used for mailing purposes.

Dated: 06/04/2024

X



Debtor's Signature

Submit this form and your Master Address List to one of the following addresses:

Sacramento Division
501 I Street, Suite 3-200
Sacramento, CA 95814

Modesto Division
Mailing Address:
501 I Street, Suite 3-200
Sacramento, CA 95814

Fresno Division
2500 Tulare Street, Suite 2501
Fresno, CA 93721

Physical Address:
1200 I Street, Suite 4
Modesto, CA 95354